

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of a Public Meeting of the South Eastern Health & Social Care Trust Board held on 29 June 2022 at 2pm in the QIIC Hub, Trust Headquarters, Ulster Hospital, Dundonald

PRESENT: Mr J Patton, Chairman (Acting)

Ms N Patterson, Deputy Chief Executive, Director of Primary Care, Older People & Executive Director of Nursing

Mr N Brady, Non-Executive Director
Dr M Briscoe, Non-Executive Director
Mr M Mawhinney, Non-Executive Director
Ms H Moore, Director of Planning, Performance & Informatics
Mrs M O’Kane, Director of Adult Services & Prison Healthcare
Dr D Robinson, Director of Hospital Services
Mrs C Smyth, Interim Director of HR & Corporate Affairs
Ms W Thompson, Director of Finance and Estates

IN ATTENDANCE: Mrs M McNally, Assistant Director, Risk Management and Governance (Board Secretary)
Ms J Loughrey, Head of Communications
Ms J English, Boardroom Apprentice

Ms A McGrillen, Principal Social Worker, Fostering Services*
Ms M-L Sloan, Interim Assistant Director, Cared for Children*
Ms L McCormick, Locality Manager, District Nursing*
Ms J Carson, QI & Governance Lead for Primary Care*
Ms R Watson, Clinical Manager, Respiratory Ward, UHD*

**for presentations only*

Mr S Martin, Executive Support Services Manager (minutes)

OPENING REMARKS

The Chairman welcomed those present noting that it was good to be back in-person as a Board on the Ulster Hospital site. **The Chairman** thanked everyone for their co-operation in adhering to social distancing measures in place.

STAFF PRESENTATION – MANAGING A FOSTERING SERVICE OVER THE LAST 18 MONTHS

Members received a presentation from **Ms McGrillen** on how the Fostering Services team had responded to the COVID pandemic by taking a collective approach to unprecedented challenges to service delivery, staff well-being, placement and organisational stability.

Ms McGrillen emphasised the team’s initiative use of ICT and hybrid arrangements to enable regular staff engagement, information and quality assurance tracking by managers and new ways to recruit, support and retain foster carers through what was an unprecedented time.

Ms McGrillen highlighted the Chairman's Award for their mobile app which all foster carers can download onto their mobile devices through the 'Fostering in a Digital World' initiative which had resulted in enhanced connectivity and positive user feedback.

Mr Mawhinney asked what might be done to help retain and recruit carers and had it been possible to reduce information gathering requirements to assist in this effort. **Ms McGrillen** replied that data requests and collection primarily fell to staff to fulfil. In terms of carers, a regional review of financial support may assist since fees had remained static for a number of years. **Mr Brady** asked what impact had there been arising from the on-going Ukrainian refugee crisis. **Ms McGrillen** stated that her team had not seen the influx that had been anticipated but it had nonetheless affected response rates with regional guidance still pending. Responding to **Mr Mawhinney's** query on refugee assessments, **Ms McGrillen** explained the team had completed a significant number when compared regionally and were encountering greater challenges in securing cross-sector support such as school placements due to COVID-related impacts within other partner organisations.

The Chairman thanked Ms McGrillen stating how impressed Members were with the resilience of the Fostering Services team in being able to balance competing demands while achieving such positive outcomes in uncertain times.

1.0 APOLOGIES

Apologies for non-attendance were recorded on behalf of Ms R Coulter (Chief Executive), Mrs H Minford (Non-Executive Director), Mrs J O'Hagan (Non-Executive Director), Ms B Campbell (Director of Children's Services) and Mr C Martyn (Medical Director).

2.0 DECLARATION OF POTENTIAL CONFLICT OF INTERESTS WITH ANY BUSINESS ITEMS ON THE AGENDA

There were no declarations of interest made at the meeting.

3.0 CHAIRMAN'S BUSINESS

Members noted the content of **SET/38/2022 Chairman's Report**.

4.0 CHIEF EXECUTIVE'S BUSINESS

Ms Patterson referred to the Report published the previous week by the Independent Neurology Inquiry which contained 76 recommendations with 32 relating to HSC Trusts. Responding to a number of questions from Members, **Ms Patterson** stated the findings were being reviewed and the Board would be advised of any actions required by the Trust in due course.

Ms Patterson congratulated Mrs June Cairns, LVH Acute Frailty & Rehabilitation Ward Manager, on being awarded an MBE in the Queen's Birthday Honours list in recognition of services to healthcare.

5.0 MINUTES OF THE PREVIOUS PUBLIC MEETING HELD ON 1 JUNE 2022

The minutes of the Public Trust Board meeting held on 1 June 2022, having been previously circulated, were agreed as a true and accurate record.

6.0 MATTERS ARISING FROM THE PREVIOUS MINUTES OF 1 JUNE 2022

Members noted the content of **SET/39/2022** Matter Arising Sheet.

PLACING THE PATIENT INTO THE HEART OF DISTRICT NURSING DOCUMENTATION - PRESENTATION

*Upon the arrival of the presenters for **Item 7.3 Celebration of Nursing & Midwifery Report 2021/22**, the **Chairman** sought and Members agreed to receive the presentations at this point in proceedings.*

Members received a presentation from **Ms McCormick** who provided an overview of the project aimed at improving documentation standards by placing the patient at the centre of care by promoting the PACE (Person, Assessment, Care Plan, Evaluation) model. **Ms McCormick** explained the methodology, data collection, evaluation and outcome measures used reporting that PACE had been successfully embedded within five teams resulting in a 30% KPI improvement with implementation to continue across all localities.

Mr Mawhinney commended district nursing practitioners for their tremendous work overall and asked about patient centred care. **Ms McCormick** stated that patient centred care encouraged the holistic assessment of the whole patient to address both current and emerging needs with one aim being when notes are reviewed you can see the real person emerging. **Dr Briscoe** asked if there had been any wider HSC interest in the project. **Ms McCormick** stated the outcomes had been presented regionally and there were clear synergies with Encompass.

RESPIRATORY STAFF WELLBEING PRESENTATION

Members received a presentation from **Ms Watson** who outlined how a programme of support activities was developed for the inpatient respiratory team which ran from September to December 2021.

Ms Watson explained how together with OWD, Staff Psychological Services, Respiratory Ward Sisters and deputies, views were sought and options developed on how to address the pandemic impact on staff. The programme included Reflect and Reconnect, Stress Buster sessions, Chi Me, coaching for staff as well as Red Days & Green Days – an interactive way to capture good and bad days with feedback logged. **Ms Watson** concluded by stating staff now found stress management easier with other outcomes including reduced absenteeism and improved staff retention reducing bank and agency spend.

Mr Brady asked what lessons had been learned to take forward for use in future emergency situations. **Ms Watson** replied that the team were planning similar opportunities for this winter period. **Mr Mawhinney** asked where it sat in terms of duty of care to staff. **Ms Patterson** advised the project was part of a suite of initiatives to support staff well-being adding it was important the learning, scale and spread was captured for further HSC development. **Mrs Smyth** stated that it was positive to see the impact collaboration with OWD had in re-establishing team connections especially as we approach another winter. **Mrs O’Kane** explained that professional supervision and team meetings continued throughout the pandemic with this project a welcome addition in our ability to support staff.

The **Chairman** commended each presenter on their leadership in identifying need, developing solutions and capturing learning.

7.0 **NEW BUSINESS**

7.1 **RURAL NEEDS ANNUAL MONITORING REPORT 2021/22**

Members received, for approval, **SET/40&41/2022 Rural Needs Annual Monitoring Report 2021/22**.

Ms Moore advised that the completed annual Rural Needs screening templates had been incorporated into the Report to demonstrate where a rural needs impact had been identified and how due regard had been given when developing, implementing or revising policy, strategies, plans or services. **Ms Moore** noted transport, alternative domiciliary visits, effective communication and facilitating virtual visits as issues identified.

Mr Mawhinney asked how obligations under the Rural Needs Act and Section 75 requirements linked and whether rural needs were now part of the SET decision-making mind-set. **Ms Moore** replied that each represented distinct legislative obligations but form part of our wider QI ethos with emerging issues identified and collated by the PPI team. **Mr Mawhinney** asked whether bookable rooms were part of this process having noticed them in situ while visiting Lisburn PCCC. **Ms Moore** confirmed this was the planning principle being applied that in general meeting spaces are no longer assigned to a designated team creating operational flexibility and optimising capacity.

At this point, **the Chairman** sought and obtained approval for the Rural Needs Annual Monitoring Report 2021/22 to be submitted to DEARA.

7.2 **PUBLIC CONSULTATION REPORT ON THE TEMPORARY CHANGES TO URGENT AND EMERGENCY CARE SERVICES AT LAGAN VALLEY HOSPITAL LISBURN**

Members received, for approval, **SET/42&43/2022 Public Consultation Report on the Temporary Changes to Urgent and Emergency Care Services at LVH**.

Ms Moore outlined the background to the consultation and summarised the qualitative feedback received through stakeholder engagement with staff, GPs, Lisburn & Castlereagh City Council, an Online Listening Event and Patient & Client Council Citizen Hubs as follows:

- **Reduction in Opening Hours** – there were those who considered the reduction reasonable given the challenges faced with concerns raised around the impact on alternative services, increased travel times on patient safety, apprehension about how temporary the changes were and the impact on people with disabilities

- **Phone First Service** – most felt this was reasonable with positive feedback from users with some issues highlighted around accessibility and the need for better promotion of the service.
- On balance, there was support for the proposed renaming to an Urgent Care Centre.

Dr Briscoe asked if GP OOH services had experienced additional pressure and if there would be a need to consult again later since the arrangements were temporary in nature. **Ms Patterson** replied that it was important to evidence cause and effect with no adverse service feedback identified at this time and emphasised that the Phone First Service model was in line with the current regional direction of travel. **Dr Briscoe** asked if service provision would be monitored to ensure patient safety and quality of care. **Ms Patterson** confirmed this would remain the case. **The Chairman** added that any additional significant service changes of a permanent nature would also require final DOH/Ministerial approval in line with DOH Policy Guidance Circular dated 18 September 2019.

Following discussion, **the Chairman** sought and obtained endorsement of the recommendations.

7.3 CELEBRATION OF NURSING & MIDWIFERY REPORT 2021/22

Members received, for approval, **SET/44/22 Celebration of Nursing & Midwifery Report 2021/22**.

Having received the presentations earlier in the meeting, **the Chairman** sought and obtained approval for the Report.

7.4 PERFORMANCE MANAGEMENT REPORTS

Members received, for discussion, **SET/45/22 Corporate Scorecard and Paper: SET/46/22 Dashboard (May 2022)**.

Ms Moore advised DOH had directed a return to pre-COVID activity levels by September 2022 with explanatory information required if not attainable and circa sixty areas identified for monitoring. **Ms Moore** highlighted the revised Safety & Quality of Care section of the Scorecard which aimed to provide better performance oversight and reflect changes arising from the Quality 4 All Strategy.

Ms Patterson encouraged the use of the 'Making Data Count' booklet to aid understanding of the format and noted on-going work to present the full report in the same way.

Dr Briscoe welcomed the new format and asked should anything to be drawn from references to 'Special Cause for Concern'. **Ms Patterson** replied that there were more data points on the chart referred to which would give more sight of an emerging concern.

Mr Brady asked if the targets had been set at 95% and sought clarity on the info-graphic. **Ms Patterson** advised the 'arrow' illustrated monthly movement with green being positive and red negative. **Ms Moore** confirmed DOH metrics and Ministerial targets remain unchanged and each Trust had some discretion on how to present to their Board but others were moving in a similar direction.

Mr Brady replied that it would be a significant challenge to recover pre-COVID activity levels by September 2022 without extra resources. **Ms Patterson** stated that with the Performance and Transformation Executive Board in place there would be an unrelenting focus on return to pre-pandemic levels of activity. With insufficient budget and staff levels being limiting factors prior to the pandemic, it was not an unreasonable ask to set a timeframe for a return to pre-pandemic activity.

Mr Brady questioned how realistic the direction was given the timeframe and where the value was in the metrics. **Ms Moore** explained that the Trust works with SPPG to ensure that risk in not achieving the projections are captured with meaningful data recorded where possible not dependent on manual returns to ensure timeliness and accuracy. It is anticipated that a report would be created for the Trust Board sponsored Quality Improvement priorities: Domiciliary Care, Unallocated Cases and Unscheduled Care for the next meeting.

Dr Briscoe asked for information on the process control charts for the QI priorities. **Ms Patterson** replied narrative could be included based on the Safe & Effective Care template.

7.5 FINANCIAL REPORT FOR PERIOD ENDED 31 MAY 2022

Members received, for discussion, **SET/47/22 Financial Report for the period ended 31 May 2022.**

Ms Thompson noted the following points:-

- For the period under review, SET reported overall expenditure of £158m. No official funding allocation had been received as yet.
- SET had previously submitted a high level 2022/23 forecast core deficit figure of circa £50m. An indicative funding letter from SPPG had now arrived with a number of planning/funding assumptions leading to a deficit reduction from £50.4m to circa £30.9m.
- Funding relating to COVID spend was secure for Q1 2022/23 but it was expected that with the exception of a small number of specific areas no further funding would be available thereafter.
- Initial work had commenced with DOH/SPPG to formulate the structure for a systems wide financial recovery plan to be developed over the next number of months. This would be a long term plan for a roadmap to a sustainable financial position for the HSC system.

Mr Brady asked how many COVID in-patients there were currently across SET facilities and expressed concern that DOH COVID spend may end given related costs such as for PPE remained necessary.

Dr Robinson replied that numbers had increased to 70 reminding Members that there had been a Surge 1 peak of 72 and an overall high of 112 though at this time most such admissions were primarily for other medical reasons.

Mrs O’Kane outlined how COVID was currently impacting day centres and the mental health in-patient ward. **Ms Patterson** referred to a similar trend within the community and nursing home sectors adding the ability to rebuild services remained impacted as a consequence.

7.6 PHASE 9 SERVICE DELIVERY PLAN

Members received and noted **SET/46/22 Phase 9 Service Delivery Plan**.

Dr Briscoe stated in relation to Mental Health pressures it would be helpful to understand in light of the Mental Health Strategy what a regional system and outcomes framework might look like. **Mr Mawhinney** expressed surprise that communications had been raised again as a theme and asked whether more work could be done on this issue which he had raised on previous occasions.

Mrs Smyth highlighted the significant work accomplished with the public and client groups but also plans to consider a framework for both external and internal communications. **Ms Loughrey** added that SET Staff App uptake had greatly improved internal communication. **Mr Mawhinney** replied that a centralised communications effort taking a ground up approach would be beneficial. **Dr Briscoe** commented there would need to be clarity on the added value such effort would bring given a new document or framework may not necessarily achieve the desired outcome.

Mrs Smyth agreed that effective communications were essential for staff, patients and service users.

7.7 BOARDROOM APPRENTICE IMPACT STUDY

Members noted **SET/50/22 Boardroom Apprentice Impact Study**.

7.8 APPROVED MINUTES OF CHARITABLE FUNDS COMMITTEE HELD ON 30 MARCH 2022

Members noted the approved minutes of the Charitable Funds Committee held on 30 March 2022.

7.9 APPROVED MINUTES OF GOVERNANCE ASSURANCE COMMITTEE HELD ON 16 MARCH 2022

Members noted the approved minutes of the Governance Assurance Committee held on 16 March 2022.

The Chairman asked if there were issues for escalation to Trust Board and **Dr Briscoe** replied there were no such matters.

7.10 GOVERNANCE ASSURANCE COMMITTEE ANNUAL REPORT 2021/22

Members noted **SET/51/22** Governance Assurance Committee Annual Report 2021/22.

Dr Briscoe thanked Mrs McNally for her assistance in producing the report and endorsed its content.

7.11 APPROVED MINUTES OF AUDIT COMMITTEE HELD ON 5 MAY 2022

Members noted the approved minutes of the Audit Committee held on 5 May 2022.

The Chairman asked if there were issues for escalation to Trust Board and **Mr Brady** replied there were no such matters expressing appreciation for the efforts of Members and staff in support of the Committee's work.

7.12 APPROVED MINUTES OF FINANCE & PERFORMANCE COMMITTEE HELD ON 27 APRIL 2022

Members noted the approved minutes of the Finance and Performance Committee held on 27 April 2022.

The Chairman asked if there were issues for escalation to Trust Board and **Mr Mawhinney** replied there were no such matters.

8.0 ANY OTHER BUSINESS

There were no additional items raised.

9.0 DATE AND VENUE OF NEXT MEETING

The Chairman advised that the next Public Trust Board meeting would be held on Wednesday 31 August 2022 at 2pm in the Great Hall, Downshire Estate, Downpatrick.

The Chairman thanked everyone for their participation and declared the meeting closed.